



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

**\*BIBDATASHEET\***

CONFIRMATION NO. 7757

Bib Data Sheet

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/784,534	02/23/2004	156	1732	C04036US (98029.4C)
RULE				

**APPLICANTS**

Roger P. Juneau, Destrehan, LA;  
 Lynn P. Creel, Kenner, LA;  
 Edward J. Desporte, Covington, LA;  
 Michael Major, Mandeville, LA;  
 Gregory R. Siegle, Kenner, LA;  
 Kelly M. Kinler, Luling, LA;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/855,095 05/14/2001 PAT 6,695,943  
 which is a CIP of 09/311,156 05/13/1999 PAT 6,354,990  
 which is a CIP of 09/181,539 10/28/1998 PAT 6,728,383  
 and is a CIP of 09/181,540 10/28/1998 PAT 6,432,247  
 and is a CIP of 09/181,541 10/28/1998 PAT 6,438,244  
 and is a CIP of 09/181,842 10/28/1998 PAT 6,254,526  
 and is a CIP of 09/181,843 10/28/1998 PAT 6,434,248  
 and is a CIP of 09/181,844 10/28/1998 PAT 6,228,020  
 and is a CIP of 09/181,845 10/28/1998 PAT 6,473,512  
 which is a CIP of 09/084,864 05/26/1998 PAT 6,022,311  
 This application 10/784,534  
 is a CIP of 10/097,540 03/11/2002 PAT 6,761,789  
 which is a DIV of 09/311,156 05/13/1999 PAT 6,354,990

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 05/17/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY LA	SHEETS DRAWING 11	TOTAL CLAIMS 52	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

22920

**TITLE**

METHOD OF MANUFACTURING A SOFT HEARING AID

<b>FILING FEE RECEIVED</b>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of

1167	No. _____ for following:	<div>time )</div> <div><input type="checkbox"/> 1.18 Fees ( Issue )</div> <div><input type="checkbox"/> Other _____</div> <div><input type="checkbox"/> Credit _____</div>
------	--------------------------	--